



# LAKEVIEW MANOR

## Continuous Quality Improvement Report

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### **Designated Leads**

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Lakeview Manor is an accredited Long-Term Care home that provides care and services for 149 residents. It is one of four Long-Term Care homes owned and operated by the Regional Municipality of Durham, Long-Term Care and Services for Seniors. Lakeview Manor is committed to the Division's mission of “Strong People, Caring Communities, Our Future” and strives to continuously improve the delivery of care and services for residents while managing risk.

The home is committed to continuous quality improvement and actively refines required programs on a regular basis. This entails developing, implementing, and evaluating new processes to provide high quality care and service to residents in an environment that promotes choice, dignity, and respect. The interprofessional team at Lakeview Manor rely on several resources to identify trends/patterns, learn from incidents, improve processes and systems, implement controls, and develop prevention strategies.

### **Priority Areas for 2025**

Each year as per of Ministry of Long-Term Care and Ontario Health requirements, Long Term Care homes are required to submit a quality improvement plan (QIP). This plan incorporates priority areas which the home has identified.

In addition to the QIP submission, the home has identified many other QI projects. The details of the QIP and additional quality initiatives for 2025/2026 are listed below.

- **Resident Satisfaction – goal to increase from 81.4% to 85%. This will be achieved by:**
  - The creation of an emotional model of Care called Caring Connections Durham
  - Improve satisfaction with lost laundry
  
- **Reduce the % of residents on an antipsychotic without diagnosis of psychosis. This will be achieved by:**

- Doctors and NP to complete a quarterly antipsychotic medication review on all residents on this medication
- Conduct quarterly reviews of residents prescribed antipsychotics
- Education on antipsychotics to registered staff
- **Reduce the % of residents with worsened pain. This will be achieved by:**
  - Redesign the comprehensive pain management assessment
  - Provide education on the pain management program to all registered staff
  - Review and revise the pain management policy and procedure

### **Additional Quality Improvement Initiatives Planned for 2025**

In addition, to the above quality improvement initiatives in the QIP, Lakeview Manor is also working on these additional initiatives in 2025.

- Implementation of the new LTCF Inter Rai Assessment
- Emotional Model of Care- Caring Connections Durham

### **Determination of Priorities**

Determining the homes priorities each year is an interprofessional process that involves many stakeholders, including staff, residents, families, volunteers, and community partners. The first step is to identify potential gaps in care and service and define opportunities for improvement.

Every year the home conducts a resident/family satisfaction survey. This survey identifies areas of satisfaction and areas they would like to see improved. The resident voice is identified as the most important feedback that the home can obtain. This combined with Residents' Council and Family Council feedback can help the home to determine the voice of our customers.

In addition to the resident/family satisfaction survey, the home reviews various other sources to determine opportunities. These other sources include:

- Internal Key Performance Indicators
- Internal audit results
- External assessments/audit results such as Medication Safety Self Assessment and Accreditation Canada Survey and Inspections.
- Review of new legislation
- Performance data from Canadian Institute for Health Information (CIHI); with a focus on areas indicating a performance decline and/or where benchmarking against the provincial average suggests improvement is necessary.

- Emergent issues identified internally (trends in Critical Incidents, Risk Related issues)
- Feedback from stakeholders including Residents' Council, Family Council, Divisional Advisory Council, external stakeholders including the Ministry of Long-term care (MLTC)
- Municipal Benchmarking Network Canada (MBNC)
- New best practices identified in the industry.

The Lakeview Manor home leadership team also works together with the other three Region of Durham Long-Term Care Homes, and the divisional office to develop a divisional strategic plan. The plan determines the strategic direction for the division over the next few years and incorporates initiatives and projects that are in alignment with the Regional Municipality of Durham Strategic Plan. The Long-Term Care Division also seeks input and suggestions from a Divisional Advisory Council which consists of staff, residents, and family members from each home.

Lakeview Manor then develops a home level action plan which supports the divisional strategic plan. The home has an Interprofessional Quality and Resident Safety Committee (IQRS). The IQRS committee serves as a forum to monitor progress of Quality Improvement (QI) activities, review performance data, analyze program goals and performance measures and to coordinate communication for education for building awareness for staff, volunteers, residents, clients, and families. This team together with the home's leadership team determines the key priority areas for improvement based on their identified gaps, opportunities, and strategic direction for the year.

### **Monitoring, Evaluation, and Adjustment**

A key component to quality improvement is the setting of clear goals. Goals are set that are Specific, Measurable, Attainable, Relevant and Time-Bound (SMART). Once the goals are established, key performance measures are developed and monitored to ensure the outcomes of the initiatives are trending in the positive direction. If not achieving desired outcomes, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc. The homes IQRS ( Interprofessional Quality and Resident Safety Committee) along with the home leadership team not only sets the direction of the quality improvement work but also monitors data to determine if the home is seeing results to their quality improvement work.

Communicating our progress and outcomes on these initiatives is an important step. We communicate to our residents, family members and staff using a variety of communication strategies. These include, but are not limited to:

- Presentations at staff meetings, townhalls, Residents' Council, Family Council, Divisional Advisory Council
- Posting on unit quality boards, in common areas and in staff lounges

- Publishing stories and results on the website, on social media or via the newsletter
- Direct email to staff and families and other stakeholders
- Huddles at shift change
- Use of clinical leads/champions to communicate directly with peers.

### **Resident Satisfaction Results**

Resident satisfaction surveys were conducted on September 19<sup>th</sup> 2024 at Lakeview Manor. In total 84 residents completed the annual survey. The overall satisfaction by residents was 81.4%. This is an increase from the previous years satisfaction of 77.2%. These results were communicated to Residents Council on April 15, 2025, Family Council on March 25, 2025, and staff on multiple dates during team meetings and staff huddles. The main areas of satisfaction were Respect, Privacy and Safety and Security, and the opportunities for improvement were Staff Resident Bonding, Activities and Personal Relationships. The home shared these results with both resident council, family council president and staff and then developed an action plan for improvement. These initiatives are included in the annual operational plan.

### **Quality Improvement Work in 2024**

- Community Based Good Doctor Clinic – opened fall 2024
- Emotional Model of Care – Caring Connections Durham pilot site, Project underway 2024-25.
- 100% of staff completed a 2 hour Dignity in the Details course
- Reduce # of Harmful falls – target 15.7% - met
- Reduce % of residents with worsening stage 2-4 pressure ulcers – target 3.00% - met
- Improve the resident rating of the overall care and services they experience – target 84.0% - met
- A new staffing model was created for PSWs that provided more continuity of care
- Secure conversations module in PCC went live February 1
- January – memorial table implemented for residents without families
- Palliative Care Program - New honour guard implemented, and memorial table implemented for residents without families
- The skin and wound clinical lead attended and completed a wound care certificate with York University.
- Implemented MealSuite Touch Temperature, safe record keeping of both production and POS Food temperature records
- Flooring in Harbour – removed entertainment unit and opened up the space between nursing station and back dining area. Installed new flooring and wall

mounted television. This has given the residents more space and allowed them to spread out more.

- Residents now able to choose accent wall colour for their rooms